

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90008 001 ****61.25

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01062006 Chg-NP CR2E037 (11/05)

DOCUMENT # N05000008091 1. Entity Name ENGLEWOOD AREA ORCHID SOCIETY, INC.					
Principal Place of Business P O BOX 257 ENGLEWOOD, FL 34295				Mailing Address P O BOX 257 ENGLEWOOD, FL 34295	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LOWE, MIKE D 11045 TAMiami TRAIL S. NORTH PORT, FL 34287				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete		TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIBILLE, ANNA		NAME	Carnell, Mickey	
STREET ADDRESS	3534 FOX TERRACE		STREET ADDRESS	120 W Dearborn ST	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33981		CITY-ST-ZIP	Englewood, FL 34223	
TITLE	VP <input type="checkbox"/> Delete		TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHUMACHER, JUDITH		NAME	Masters, John	
STREET ADDRESS	375 SALVADOR DRIVE		STREET ADDRESS	1948 Green lawn Dr	
CITY-ST-ZIP	PUNTA GORDA, FL 33983		CITY-ST-ZIP	Englewood, FL 34223	
TITLE	TREA <input type="checkbox"/> Delete		TITLE	SECT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOMBARDIERI, PAM		NAME	Perrault, Rogee	
STREET ADDRESS	522 BOUNDARY BLVD.		STREET ADDRESS	13750 Allamanda Circle	
CITY-ST-ZIP	ROTONDA WEST, FL 33947		CITY-ST-ZIP	Port Charlotte, FL 33981	
TITLE	SECT <input type="checkbox"/> Delete		TITLE	SECT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AXELSON, MARGO		NAME	Perrault, Rogee	
STREET ADDRESS	1051 KANT STREET		STREET ADDRESS	13750 Allamanda Circle	
CITY-ST-ZIP	ENGLEWOOD, FL 34224		CITY-ST-ZIP	Port Charlotte, FL 33981	
TITLE	C SE <input type="checkbox"/> Delete		TITLE	SECT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GLEBOCKI, MICHELE		NAME	Perrault, Rogee	
STREET ADDRESS	5381 KEMPSON LANE		STREET ADDRESS	13750 Allamanda Circle	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33981		CITY-ST-ZIP	Port Charlotte, FL 33981	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Pamela A Bombardieri</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>2/8/06 941 828 0153</u> <small>Date Daytime Phone #</small>		